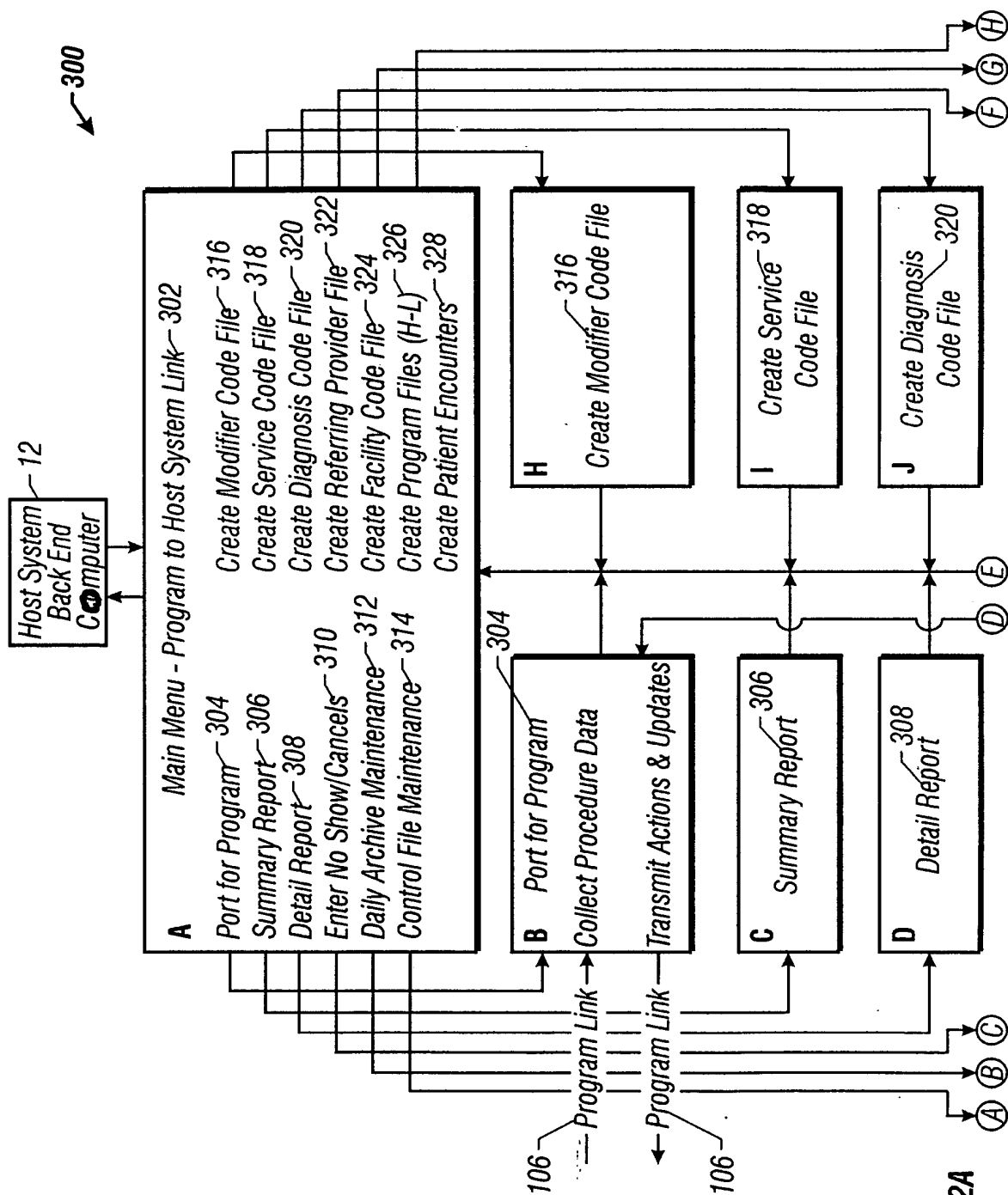


FIG. 1

09536319.042600



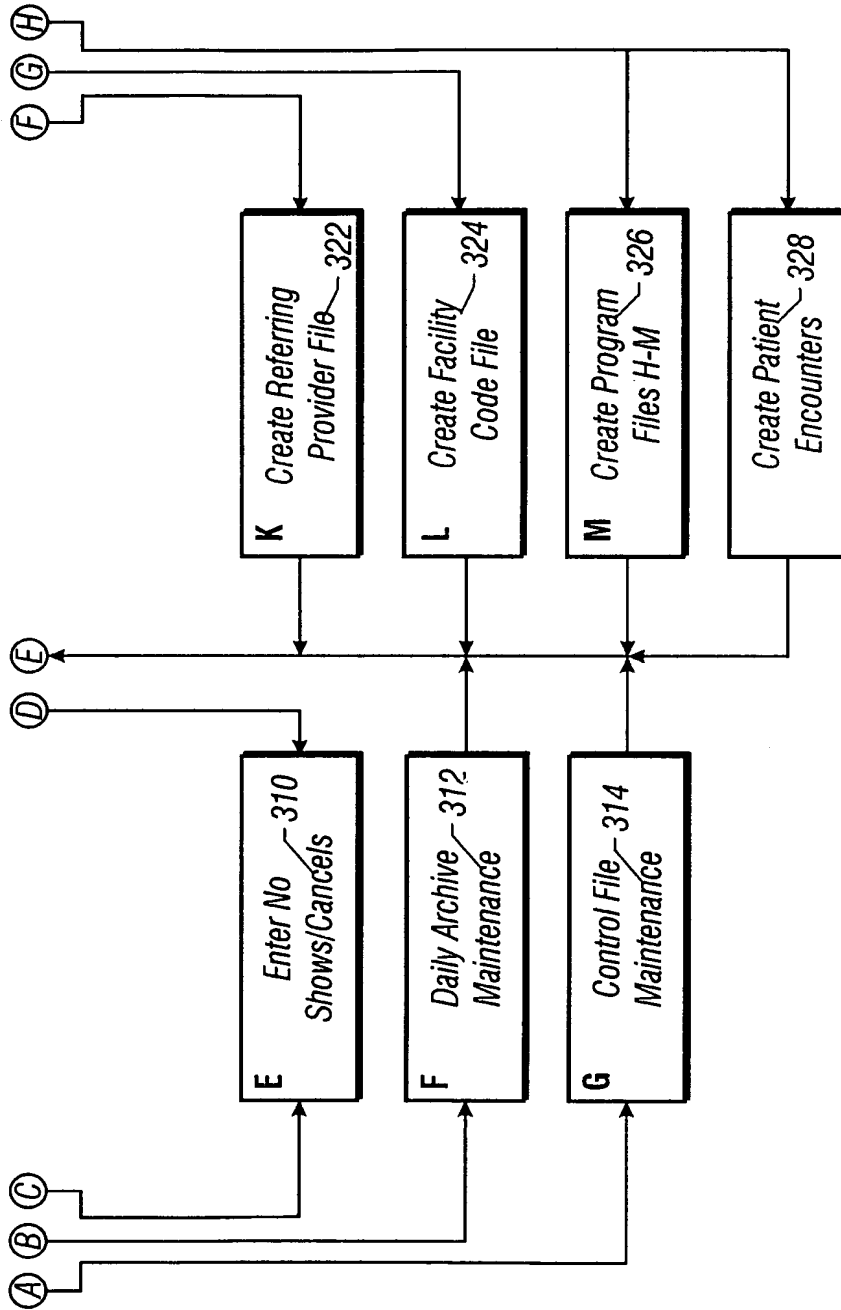
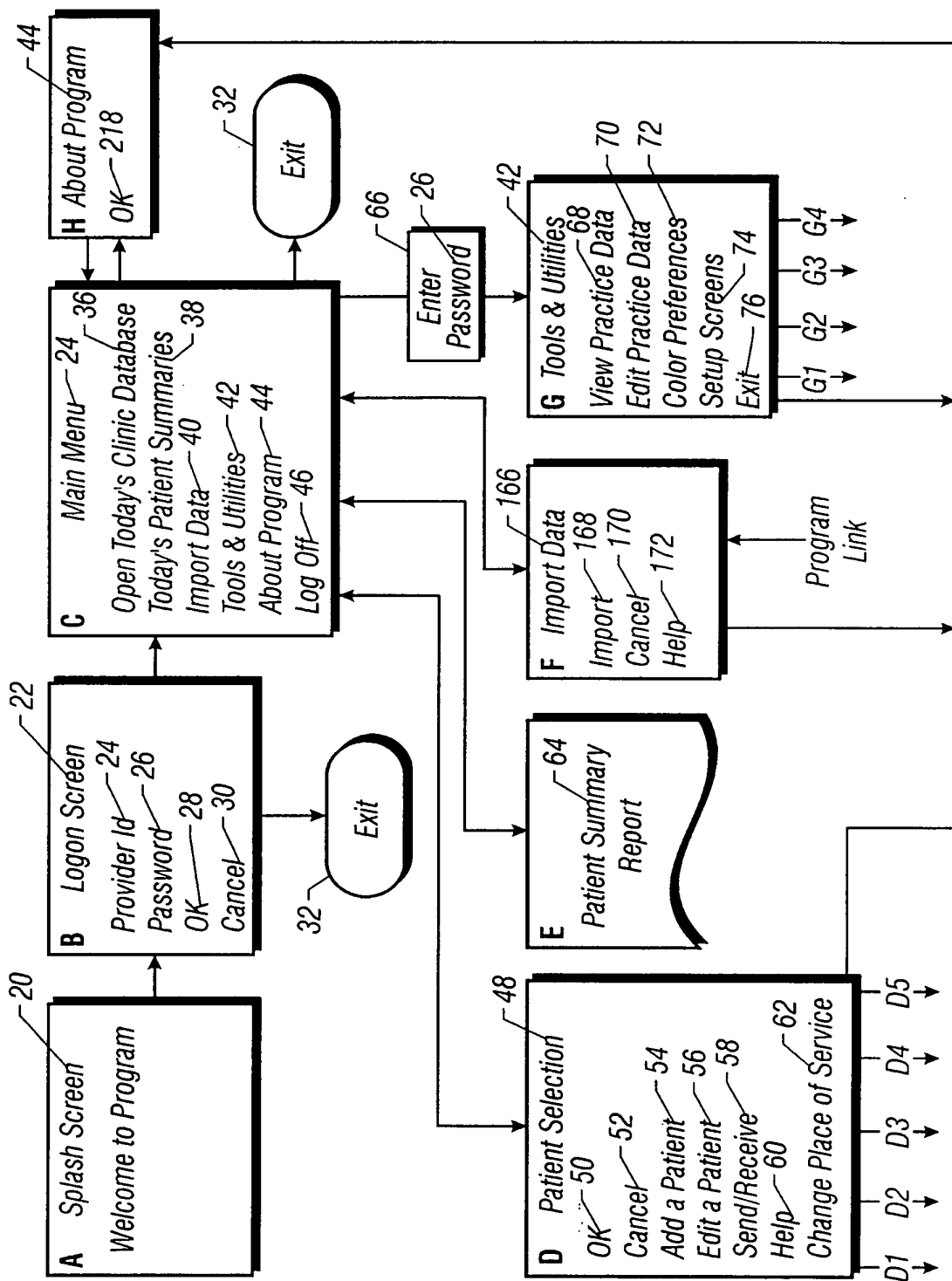


FIG. 2B



**FIG. 3A**

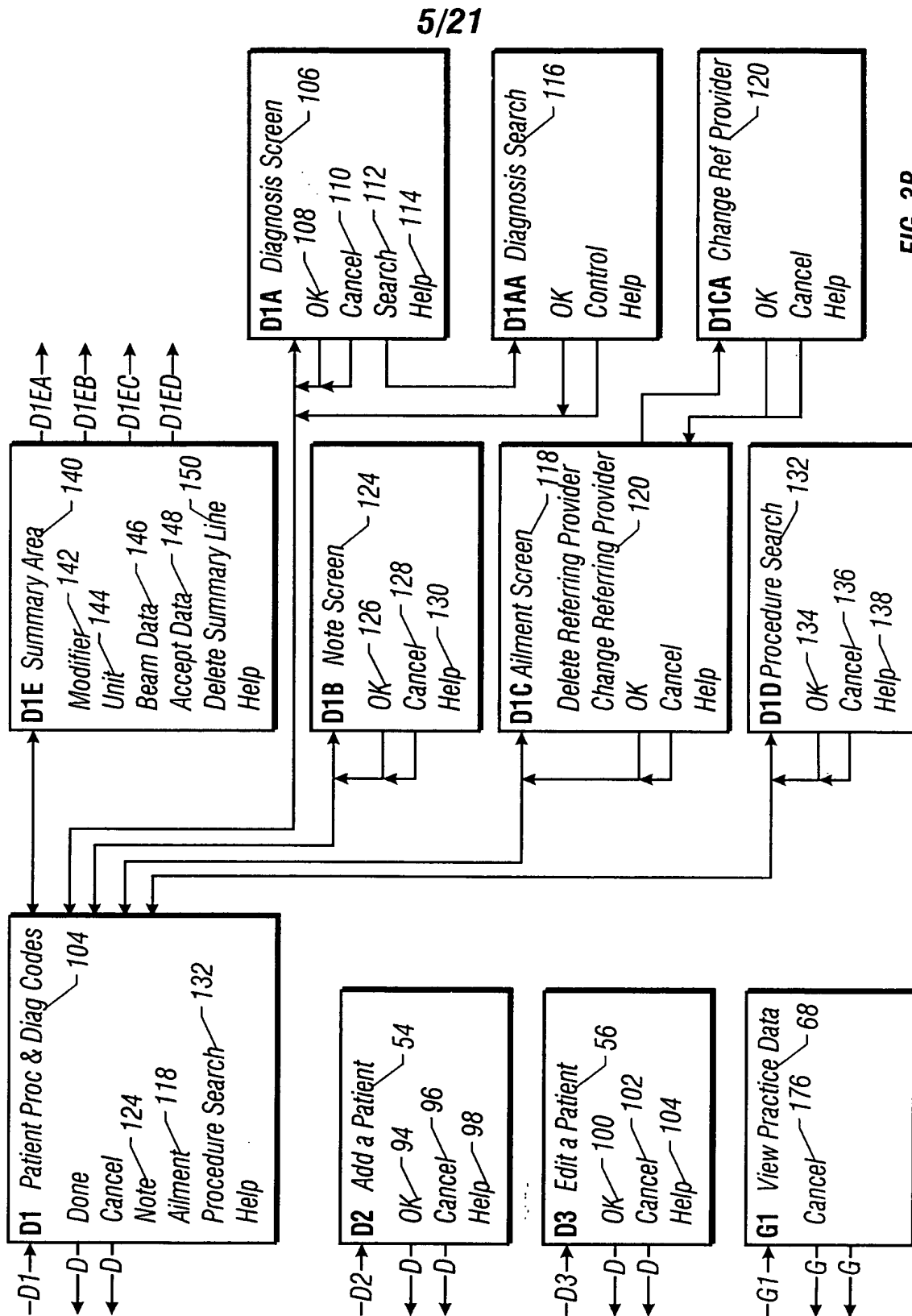
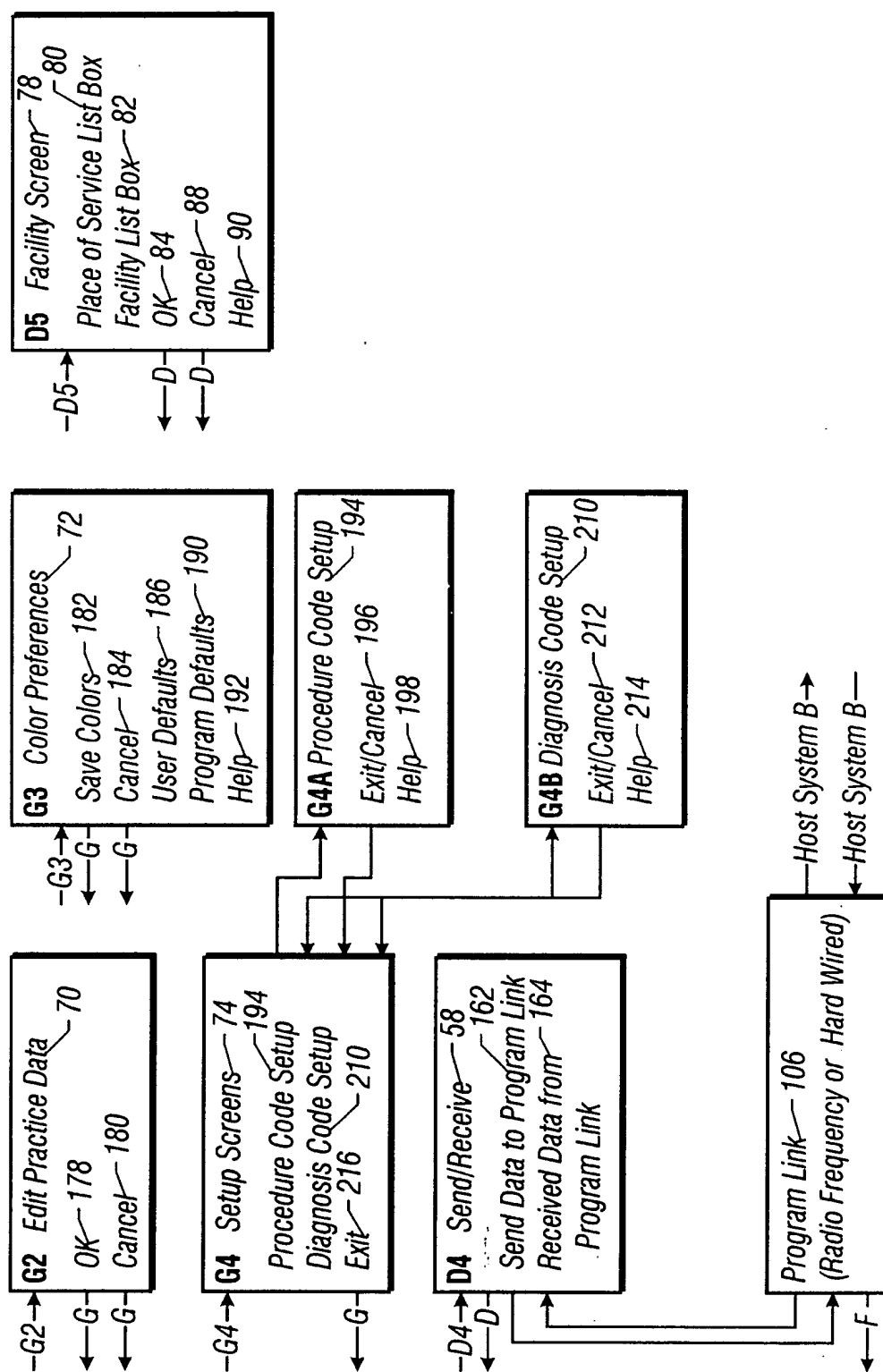


FIG. 3B



**FIG. 3C**

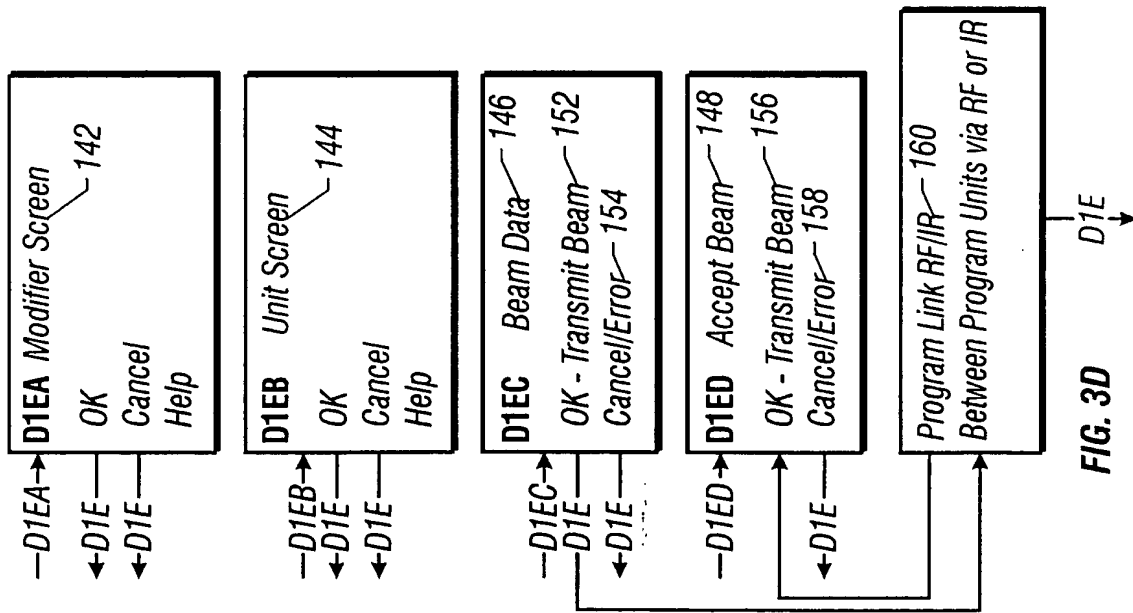


FIG. 3D

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FIG. 4

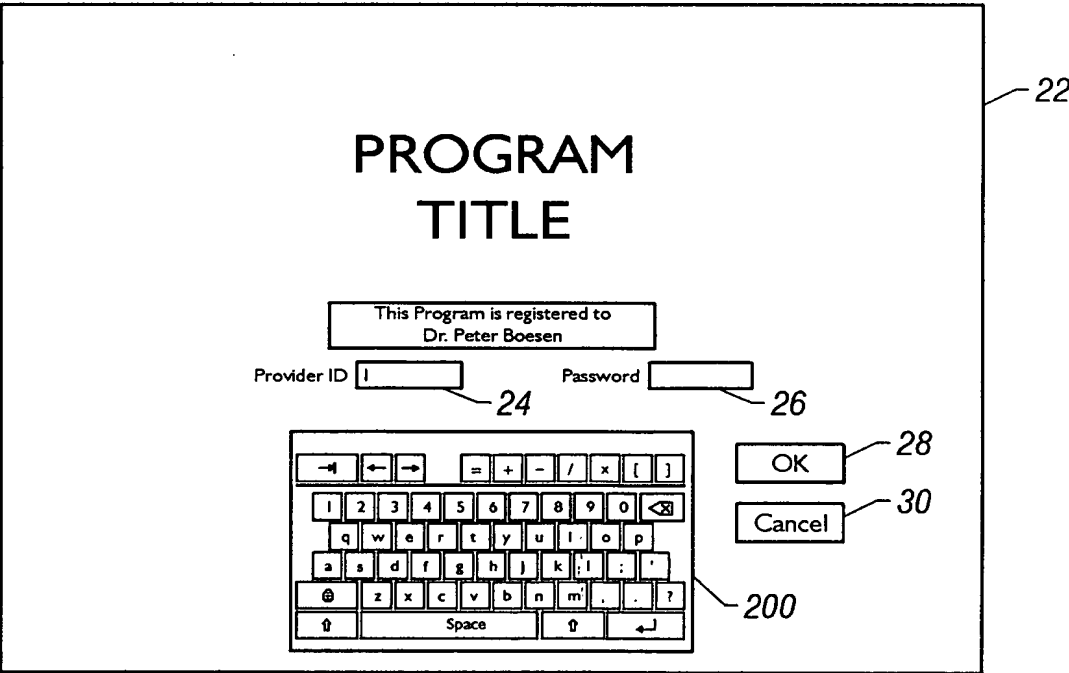


FIG. 5



9/21

Edit Medical Practice Data:

Practice Name: Dr. Peter Boesen  
Address: 1000 73rd Street, STE 18  
City: Des Moines  
State: IA Zip Code: 50311  
Serial Number: 1010101  
Program[w]. Program [R]: R  
Type of Practice: Large  
Provider #: 1  
Program #: 1  
Password: \*\*\*\*\*

Repeat Diagnosis on Procedure: ☒  
Show Start/End Time: ☒  
Use Supervisor Reduction Percentage: ☒

OK Cancel

200

178 180

200

200

FIG. 6

Program Main Menu  
Physician Access Screen For:  
Dr. Peter Boesen

Open Today's Clinic Database  
Today's Patient Summaries  
Import Data  
Tools and Utilities  
About Program  
Log Off

Program Systems, Inc. accepts no responsibility for the accuracy of the codes selected. By moving past this screen, the user accepts full responsibility for all coding.

Copyright Information

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36  
38  
40  
42  
44  
46

FIG. 7

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Please Select a Patient:

Last Name	First Name	MI	Date of Birth	Provider	Encounter	Date	Appt.	Account No.	Action	Result	Δ
Barnes, Terry		L	12/22/66		30032	2/5/00	2:00	100	S	X	
Bond, James		K	10/22/74		30031	2/5/00	10:00	700	S	X	
Bondman, Robert	49	V	8/21/60		30010	2/5/00	12:45	6790.1	S	X	
Brown, Linda		F	2/3/78		31020	2/5/00	1:45	900	S	X	
Burk, Heather		A	10/2/43		31009	2/5/00	1:00	800	S	X	
Carpenter, Alicia		A	10/21/60		31053	2/5/00	3:20	400	S	X	
Close, Jason		M	3/2/56		31052	2/5/00	11:35	70	S	X	
Cup, Mary		L	9/3/43		31055	2/5/00	9:00	20	S	X	
Douglas, Tom		L	10/2/73		31089	2/5/00	10:00	50	S	X	
Dunbar, Lisa		V	8/21/60		31070	2/5/00	12:45	7865.0	S	X	
Handley, Raymond		L	11/21/43		31072	2/5/00	6:00	300	S	X	
Harty, Scott		V	6/3/73		31098	2/5/00	1:00	99999	*		
Jones, Martha		Q	1/13/78		31093	2/5/00	5:30	75			
Knight, Michele		L	8/8/73		31094	2/5/00	12:45	200	S	X	
Lofdin, Adrian		C	8/23/60		31099	2/5/00	1:30	5678.1	S	X	
Martin, David		P	3/30/51		31067	2/5/00	12:00	80	S	X	
Mays, Kelly		D	10/1/67		31008	2/5/00	4:45	60	S	X	
McDonald, Alex		A	6/3/81		31903	2/5/00	11:45	100	S	X	
Moore, Rudy		V	11/22/60		31100	2/5/00	9:30	4533.0	S	X	
Schoor, Stacy		L	10/2/36		31007	2/5/00	12:13	30	S	X	
Smith, Emmet	52	R	3/30/51		31201	2/5/00	5:00	123	S	X	
Quall, Dan		D	4/6/72		31029	2/5/00	6:45	120	S	X	

50

OK Cancel Add a Patient Edit a Patient Send/Receive Help 60

Place of Service: 3 Doctor's Office 54 58 Change Place of Service 62

56

FIG. 8

Facility Selection Screen:

Place of Service Search: 80

- Inpatient Psych. Fac. - M
- Other Med/Surg. Fac. - O
- Ambulance - 9
- Military Treat. Fac. - I
- Com. Mental Health Ctr. - N
- Res. Treatment Cent. - C
- Skilled Nursing Fac. - 8
- Night Care Facility - 6
- St/Local Pub He Ctr. - Y
- Ambulance-Air/Water - L
- Outpatient Hospital - 2
- Patient's Home - 4
- Emergency Room Hosp. - G
- Comp. OP Rehab. Fac. - e
- Spec. Treatment Fac. - D
- Nursing Home - 7
- Independent Lab. - A
- Day Care Facility - 5
- Ind. Kidney Dis Cent. - F
- Rural Health Clinic - Z
- Phys. Resid Treat Ctr. - 0
- Doctors Office - 3
- Inpatient Hospital - I
- Birth Center - H
- Comp Inpatient Rehab. - X
- Hospice - K
- Custodial Care Fa. - J

Facility Search: 82

- Blood & Plasma Center
- Childrens Hospital
- Community Hospital
- Doctors Laboratory
- Health Clinic
- Jefferson Memorial Hosp.
- Lakeland Services
- Madison Central Surgery
- Madison Convalescent Home
- Madison General Hospital
- Madison Surgery Center
- Minimonte Nursing & Rest
- Northwest Office

84 OK 88 Cancel 90 Help

FIG. 9

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**Add A Patient**

Account Number:

Appointment Time:

Patient Last Name:

Patient First Name:

Patient Middle Initial:

Date of Birth: (MM/DD/YY)

Provider Number:

200

94 OK 96 Cancel 98 Help

FIG. 10

**Edit A Patient**

Account Number:

Appointment Time:

Patient Last Name:

Patient First Name:

Patient Middle Initial:

Date of Birth: (MM/DD/YY)

Provider Number:

200

100 OK 102 Cancel 104 Help

FIG. 11

12/21

**Patient Procedure and Diagnosis Codes**

Account #: 99999 Patient Name: John McComb Appt Time: 12:45

Reason:

Ref. Prov: Leland W Groves M.D.

Last Diag:

Balance:

Prim Ins:

Other Ins:

Procedure	Modifier	Unit	Diag1	Diag2	Diag3	Diag4	Δ
99214		1	381.02	382.02	995.3	473.2	
31237		1	473.2	473.3	473.0		
31237	50	1	473.2	473.3	473.0		

140

142 Modifier 146 Send Beam 150 Units 158 Delete 104 Accept Beam

Description	Proc.	Description	Proc.	Description	Proc.
REMOVE FOREIGN BODY FROM EAR	69200	E/M Office/Outpat Consult	99245	Audiometry, Air & Bone	92553
E/M Office/Outpat New Pat	99202	Fiberscopic Laryngoscopy	31575	Acoustic Reflex Decay Test	92569
E/M Office/Outpat New Pat	99203	Control of Nasal Hemorrhage, Simple	30901	OTACCOUSTIC EMISSIONS; LIMITED	92587
E/M Office/Outpat New Pat	99204	Control of Nasal Hemorrhage, Complex	30903	OTACCOUSTIC EMISSIONS; COMPLETE	92588
E/M Office/Outpat New Pat	99205	Cauterization and/or ablation, muco	30801	Nasal/sinus endoscopy, surg	31237
E/M Office/Outpat Estab Pat	99211	Debrid, Plastoid Cavity, Unilateral	69220	Nasal/sinus endoscopy, dx	31233
E/M Office/Outpat Estab Pat	99212	Remove Impacted Cerumen	69210	Nasal endoscopy, dx	31231
E/M Office/Outpat Estab Pat	99213	Handling & Conveyance of Specimen	99000	Assay of Osteocalcin	83527
E/M Office/Outpat Estab Pat	99214	Pure Tone Audiometry, Air Only	92552	Tympanostomy, w/Anesth. Unilateral	69433
E/M Office/Outpat Estab Pat	99215	Speech Audiometry, Threshold Only	92555	Assay of Pregnenolone	83540
POST OP VISIT	99024	Basic Comprehensive Audiometry	92557	Biopsy of Upper Nose/Throat, Survey	42806
E/M Office/Outpat Consult	99241	Speech Audiometry, Complete	92556	Biopsy, Each Additional Lesion	11101
E/M Office/Outpat Consult	99242	Tympanometry	92567	BLEPHAROPLASTY, LOWER EYELID	15820
E/M Office/Outpat Consult	99243	Remove Nasal Foreign Body in Office	30300	Excise Branchial Cleft Cyst/Vestige	42810
E/M Office/Outpat Consult	99244	Acoustic Reflex Testing	92568	TYMPANOLYSIS, TRANSCANAL	69450

124 Done Cancel Note Ailment Search Help

FIG. 12

**Diagnosis Codes for Selected Procedure:**

Procedure Description	Code
Remove Impact Cerumen	69210
IMPACTED CERUMEN	380.4

Move Up Move to Top

Move Down Move to Bottom

Delete Delete All

Description	Diag.	Description	Diag.	Description	Diag.
ASTHMA	493	ACUTE LARYNGOPHARYNGITIS	465.0	ANOSMIA, DISTURBANCES IN TASTE	781.0
ALLERGIC RHINITIS, CAUSE UNSPECIFIED	477.9	ACUTE LYMPHADENITIS	683	APNEA	786.03
BELL'S PALSY	351.0	ACUTE MASTOIDITIS	383.0	APPOINTMENT CANCELLATION	2
BENIGN LESION OF EXTERNAL EAR	210.0	ACUTE MASTOIDITIS WITHOUT COMPLICATION	383.00	ARNOLD CHIARI TYPE I	348.4
ACQUIRED DEFORMITY OF NOSE	738.0	ACUTE MUCOID OTITIS MEDIA	381.02	ASPERGILLOSIS	117.3
ACUTE TOSILOITIS	463	ACUTE MYRINGITIS, UNSPECIFIED	384.00	ASTHMA, INTRINSIC	493.1
ASTHMA, UNSPECIFIED	493.9	ACUTE NASOPHARYNGITIS (COMMON)	460	ATTIC PERFORATION OF TYMPANIC	384.22
ABSCESS OF SALIVARY GLAND	527.3	ACUTE RESPIRATORY FAILURE	518.81	ATYPICAL FACIAL PAIN	350.2
ABCESS, SCROTUM	608.4	ACUTE SUPPURATIVE OTITIS MEDIA	382.02	ACCIDENTAL DROWNING OR SUBMERSION	910.9
ACCESSORY AURICLE	744.1	ALLERGY, UNSPECIFIED, NOT ELSEWHERE CLASSIFIED	995.3	APHONIA	784.41
ACNE ROACEA	695.3	ANEURYSMAL BONE CYST	733.22	ACUTE INFLAMMATION OF ORBIT	376.0
ACQUIRED STENOSIS OF EAR CANAL	380.50	ANOMALIES OF AORTIC ARCH	747.21	ACCIDENT CAUSED BY FIREARM-HANDGUN	922.0
ACTIVE MENIERE'S DISEASE, COCHLEAR	386.02	ANOMALIES OF RELATIONSHIP OF JAW	524.12	THRUSH (ORAL)	112.0
ACUTE FRONTAL SINUSITIS	461.1	ANOMALY OF EAR WITH IMPAIRMENT OF HEARING	744.00	MALIGNANT NEOPLASM OF TIP AND BLADE	141.2
ACUTE INFECTION OF PINNA	380.11	ANOSMIA	781.81	BENIGN NEOPLASM OF NASOPHARYNX	210.7

108 OK 110 Cancel 112 Search Help

FIG. 13

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Procedure Code Search:

By Number By Description

Selection: 31237 Nasal/sinus endoscopy, surg

200

31070 Exploration of Frontal Sinus  
 31075 Sinusotomy Frontal, Unilateral  
 31084 Sinusotomy Frontal/Flap, Brow Incise  
 31085 Sinusotomy Frontal, Flap, Coronal  
 31090 Sinusotomy Combined < 3 Sinuses  
 31200 Removal of Ethmoid sinus  
 31201 Ethmoidectomy, Intranasal Total  
 31231 Nasal endoscopy, dx  
 31233 Nasal/sinus endoscopy, dx  
 31237 Nasal/sinus endoscopy, surg  
 31237.50 Nasal/sinus endoscopy, surg  
 31238 NASAL/SINUS ENDO, CONTROL EPISTAXIS  
 31240 Nasal/sinus endoscopy, surg  
 31254 ENDO ETHMOIDECTOMY, PARTIAL-ANTERIO  
 31255 Nasal Endoscopy, A & P Ethmoidect-X2

OK Cancel Help

134 136 138

FIG. 14

Diagnosis Code Search:

By Number By Description

Search Selection:

200 116

011.9 PULMONARY TUBERCULOSIS, UNSPECIFIED  
 035 ERYSIPELAS  
 053.73 HERPES SIMPLEX OTITIS EXTERNA  
 053.9 HERPES ZOSTER WITHOUT MENTION OF COMPLICATION  
 054.8 HERPES SIMPLEX WITH UNSPECIFIED COMPLICATION  
 074.3 HAND, FOOT, MOUTH DISEASE  
 075 INFECTIOUS MONONUCLEOSIS  
 077.99 UNSPECIFIED DISEASES OF CONJUNCTIVA DUE TO  
 078.10 VIRAL WARTS, UNSPECIFIED  
 079.6 RSV (RESPIRATORY SYNCYTIAL VIRUS)  
 I NO SHOW FOR APPOINTMENT  
 I12.0 THRUSH (ORAL)  
 I12.82 CANDIDAL OTITIS EXTERNA (OTOMYCOSIS MONILIAS)  
 I17.3 ASPERGILLOSIS  
 I17.9 OTHER AND UNSPECIFIED MYCOSIS

OK Cancel Help

FIG. 15

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**Ailment Screen:**

Referring Provider Number:

Name:  122

120

Date of 1st Symptom:      Month      Day      Year  
                                             

Date of 1st Consultation                 

Prior Authorization Number:

← → = + - / x [ ]

1 2 3 4 5 6 7 8 9 0 <X>

q w e r t y u i o p

a s d f g h j k l ; ' ,

z x c v b n m . ?

↑ Space ↑ ↵

FIG. 16

**Referring Provider List**

Select by Last Name:

Bandstey M.D.	Richard	M 48
Barret M.D.	David	D 2
Bennet	Joel	G 15
Bennet M.D.	Thomas	E 25
Carlington M.D.	Sydney	R 18
Carter R.N.	Ronald	C 23
Castilia M.D.	Rhiane	D 15
Datenrich M.D.	Jason	H 4
Fredricks M.D.	Ludinda	S 8
Graves M.D.	Donald	A 6
Johnson M.D.	James	V 14
Johnson M.D.	Catrina	B 2

← → = + - / x [ ]

1 2 3 4 5 6 7 8 9 0 <X>

q w e r t y u i o p

a s d f g h j k l ; ' ,

z x c v b n m . ?

↑ Space ↑ ↵

FIG. 17

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Note Entry Screen:

Enter a 20-character note:

200

124

126

128

130

The interface displays a text input field for a 20-character note. Below it is a virtual keyboard with a numeric keypad, a QWERTY layout, and function keys like arrow keys, equals, plus/minus, forward slash, asterisk, and brackets. At the bottom are three buttons: OK, Cancel, and Help.

FIG. 18

Modifier Codes:

Procedure Description	Code
E/M Office/Outpat Estab Pat	99213
Bilateral Procedure	50
Multiple Procedures	51
Assistant Surgeon	80

Move Up Move to Top

Move Down Move to Bottom

Delete Delete All

Description	Mod.	Description	Mod.	Description	Mod.
Microsurgery	20	Repeat Proc Same Dr	76		
Prolong Eval & Man.	21	Repeat Proc Diff Dr	77		
Unusual Proc. Serv.	22	Return to O/R	78		
Unrel. Eval. & Man.	24	Unrelated Procedure	79		
Signl/Sep Eval & Man	25	Assistant Surgeon	80		
Professional Comp.	26	Min Asst Surgeon	81		
Mandated Services	32	Asst Surg No Residnt	82		
Anes. by Surgeon	47	Multiple Modifiers	99		
Bilateral Procedure	50				
Multiple Procedures	51				
Reduced Services	52				
Discontinued Procedu	53				
Surgical Care Only	54				
Post Op. Management	55				
Pre Op. Management	56				
Related Proc Same Dr	58				
Two Surgeons	62				
Surgical Team	66				

OK Cancel Help

142

The interface shows a table of procedure descriptions and codes. To the right are buttons for moving items up/down and to top/bottom, as well as delete buttons. Below the table is another table listing modifier codes (e.g., Bilateral Procedure, Multiple Procedures, etc.). At the bottom are OK, Cancel, and Help buttons.

FIG. 19

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Procedure Units and Misc Fields

Procedure Units:

Start Time [HH-MMp.m.]:

End Time [HH-MMp.m.]:

Actual Minutes [999]  
Use if no Start. End  
Time:

Supervisor Reduction  
Percentage [99]:

144

200

FIG. 20

64

100	Douglas, Tom	2/5/00	N	92555	5	518.81	0.00
120	Smith, Emmet	2/5/00	N	99213	1	460	0.00
123	Jones, Martha	2/5/00	N	69210	5	478.24	0.00
123	Quali, Dan	2/5/00	N	99245	1	478.24	0.00
123	Carpenter, Alida	2/5/00	Y	92552	1	478.24	150.00
20	Goodman, Debbi	2/5/00	N	31237	1	471.0	0.00
20	Bondman, Robert	2/5/00	N	31575	26	784.49	0.00
20	Dunbar, Lisa	2/5/00	N	69200	1	389.18	0.00
20	Cup, Mary	2/5/00	N	92552	1	389.18	0.00
20	Loftin, Adrian	2/5/00	N	92556	1	389.18	0.00
20	Brown, Linda	2/5/00	N	99213	1	381.20	0.00
200	Handley, Raymond	2/5/00	N	30903	522451	460	0.00
200	Barnes, Terry	2/5/00	N	31575	1	784.41	0.00
200	Close, Jason	2/5/00	N	69220	1	784.41	0.00
200	Jackson, Alan	2/5/00	N	92553	1	382.02	0.00
30	Martin, David	2/5/00	N	30903	505562	460	0.00
30	Smith, Carrie	2/5/00	N	69020	1	518.81	0.00
30	Mays, Kelly	2/5/00	N	99000	1	2	0.00
40	McDonald, Alex	2/5/00	N	69436	52	381.20	0.00
40	Burk, Heather	2/5/00	N	99213	262221	384.00	0.00
400	Moore, Rudy	2/5/00	N	69200	10	747.21	0.00
4533.0	Knight, Michele	2/5/00	N	99213	815058	464	0.00
50	Testberger, Wendy	2/5/00	N	99213	1	381.02	0.00
500	Clancy, Tom	2/5/00	N	99244	1	0.00	0.00
5678.1	Richards, Denise	2/5/00	N	99214	808162	460	0.00
60	Lane, Casey	2/5/00	N	69210	1	733.22	0.00

FIG. 21



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Import Data:

Selections

- ☒ Patient File
- ☒ Procedure Code File
- ☒ Diagnosis Codes Files
- ☒ Modifiers File
- ☒ Referring Doctors File
- ☒ Facility File

Import Cancel Help

166

168 170 172

FIG. 22

Please Enter Password:

OK Cancel

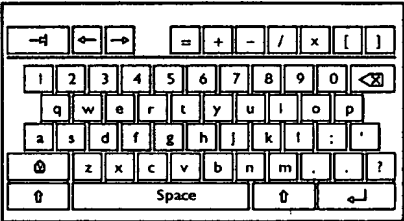


FIG. 23

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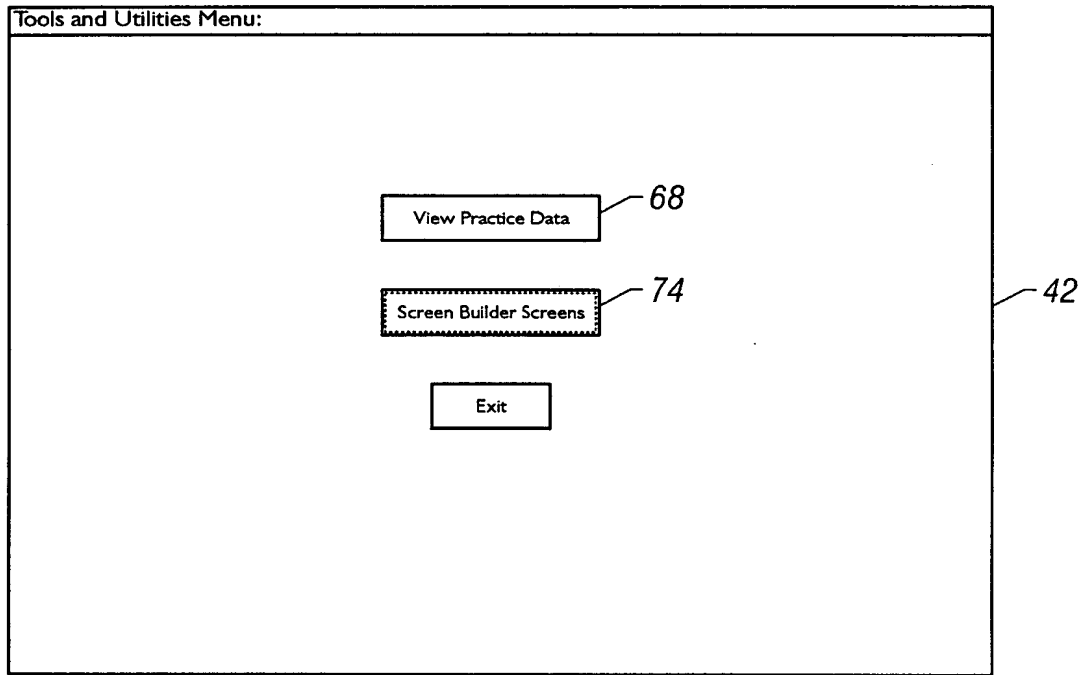


FIG. 24

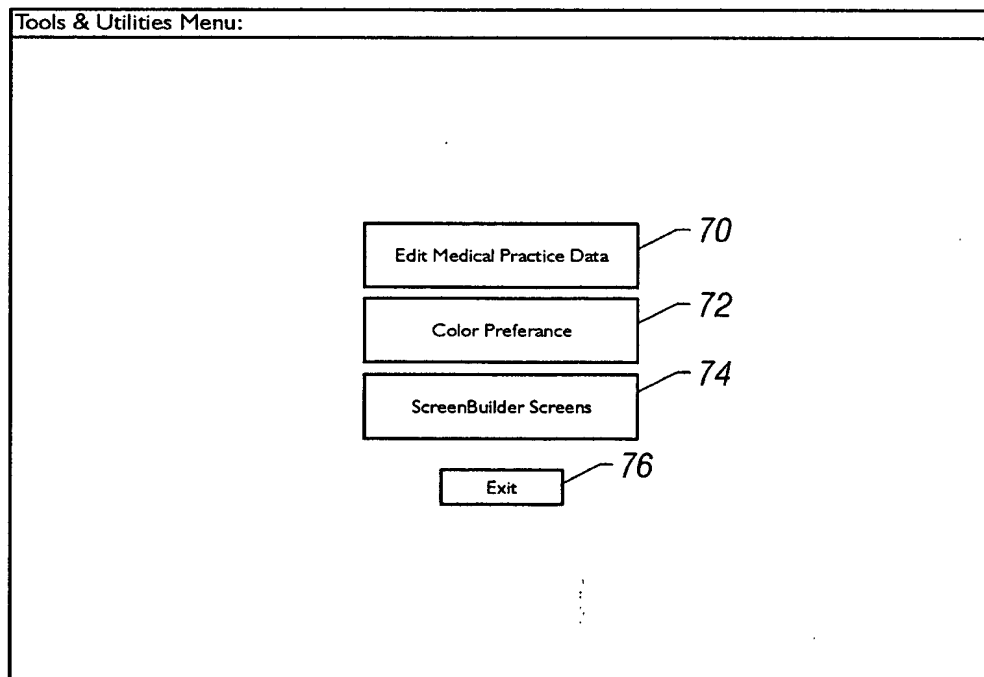


FIG. 25

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**View Practice Data:**

Practice Name: Peter V. Boesen, M.D., P.C.

Address: 1000 73rd Street, Suite 18

City: Des Moines

State: IA Zip Code: 50311

Serial Number: 1010101

Program [w]. Program [R]: R

Type of Practice: Solo

Provider #: 1

Program #: 1

Password: 1

Repeat Diagnosis on Procedure: ☒

Show Start/End Time: ☒

Use Supervisor Reduction Percentage: ☒

Cancel

68

176

FIG. 26

**Color Preferences**

Back Color Fore Color

Form

Text

Label

List Box

Option Button

General Button

OK Button

Cancel

Help

Search Button

Grid Color Options

Heading Heading Detail Detail

Back Color Fore Color Grid Color Back Lower

Heading Heading Line Blgnd

Back Color Fore Color

Check Box

Save Colors 182

Cancel 184

User Defaults 186

Program Defaults 190

Help 192

72

FIG. 27

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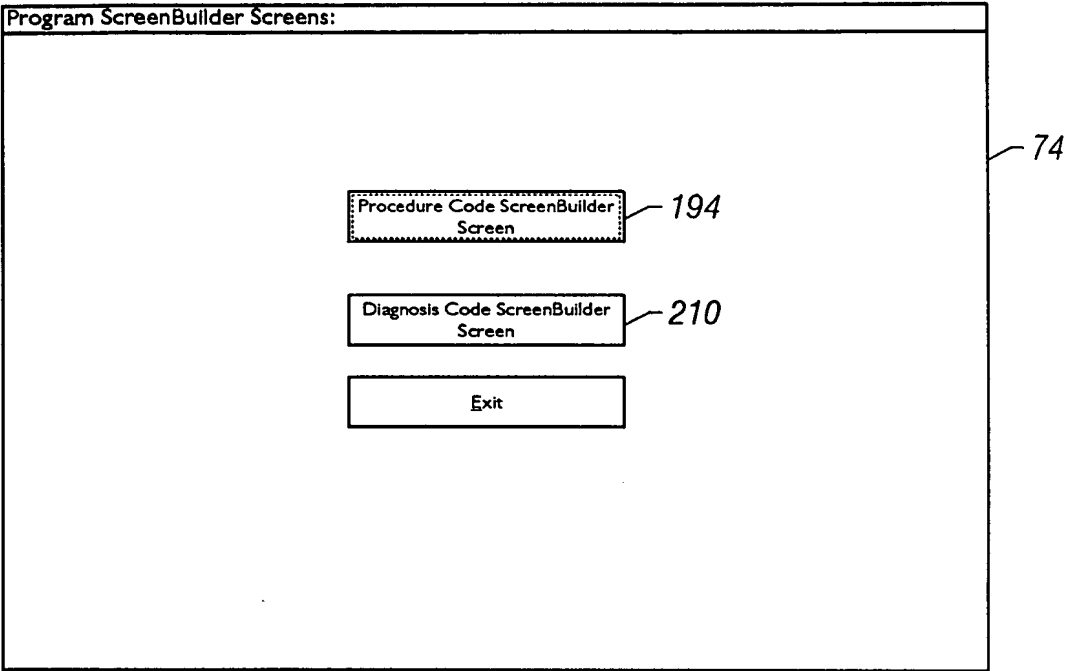


FIG. 28

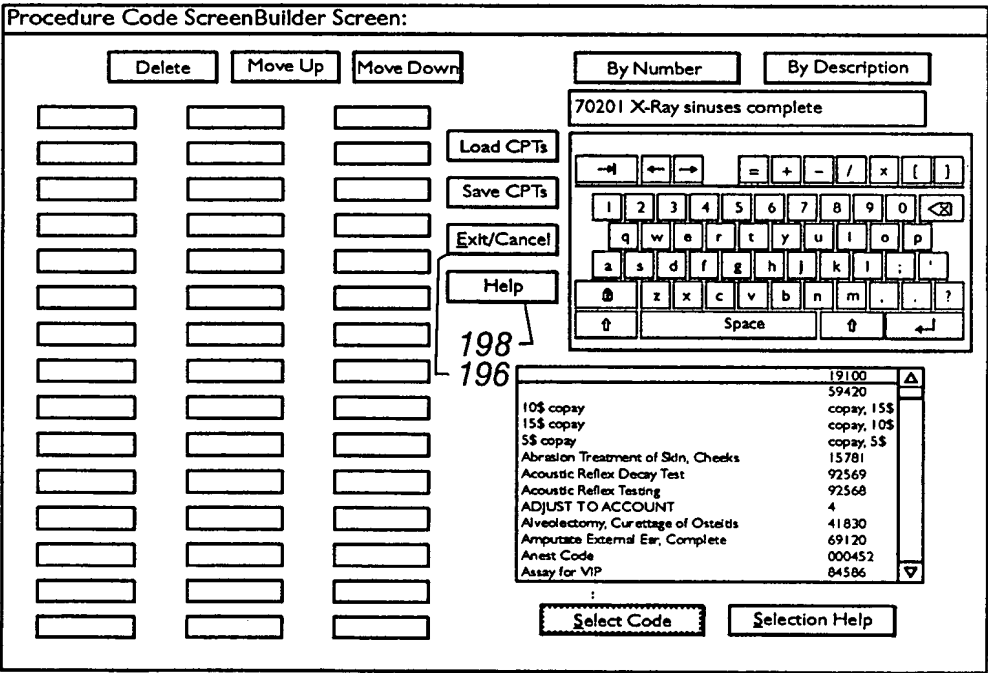


FIG. 29

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Diagnosis Code ScreenBuilder Screen:

Delete Move Up Move Down

By Number By Description

ABSCCESS OF SALIVARY GLAND 527.3

Load Codes

Save Codes

Exit/Cancel

Help

210

ABSCCESS OF SALIVARY GLAND	527.3
ABSCCESS, RETROPHARYNGEAL	478.24
ABSCCESS, SCROTUM	608.4
ACCESSORY AURICLE	744.1
ACCIDENT CAUSED BY CUTTING & PIERCING OBJECT	E920
ACCIDENT CAUSED BY FIREARM-HANDGUN	E922.0
ACCIDENT DUE TO RECREATIONAL MACHINERY	E919.8
ACCIDENTAL DROWNING OR SUBMERSION	E910.9
ACCIDENTS CAUSED BY AGRICULTURE MACHINES	E919.0
ACNE ROACEA	695.3
ACQUIRED DEFORMITY OF NOSE	738.0
ACQUIRED STENOSIS OF EAR CANAL, UNSPECIFIED	380.50
ACTIVE MENIERE'S DISEASE VESTIBULAR	386.03

Select Code Selection Help

FIG. 30

About Program Title

Application Title: Program

Version: 9.0

Program Inc.  
1000 73rd Street, Suite # 18  
Des Moines, Iowa 50311  
Phone # 1-515-287-0891

OK

FIG. 31